

Nevada State Board of Physical Therapy Examiners



810 S. Durango Drive, Suite 109 · Las Vegas, NV 89145
Phone (702) 876-5535 · Facsimile (702) 876-2097

REQUEST FOR LICENSE VERIFICATION

In order to provide an official written license verification, the Board requires a formal request signed by the licensee. In that regard, please use this form to request a license verification to another licensing jurisdiction, insurance company, employer, etc.

PLEASE PRINT LEGIBLY and provide complete information

NAME _____

LICENSE # _____

Please mail an official verification of my license to the following:
(be sure to provide a complete address)

SIGNATURE _____

DATE _____

BOARD OFFICE USE ONLY

_____ processed

rev. 10/05/06